



YOUTH DIVISION

Safe Haven Grant

Application for Safe Haven Programs

Original applications must be postmarked no later than May 4th, 2009

**Indiana Criminal Justice Institute
ATTN: Youth Division
101 West Washington Street
Suite 1170, East Tower
Indianapolis, IN 46204
(317) 232-2032**

*** FAXED, HANDWRITTEN OR EMAIL COPIES WILL NOT BE
ACCEPTED**

General Application Instructions

Please read all instructions before completing the application and contact ICJI if you have any questions. Failure to follow instruction or submission of an incomplete application will exclude the grant request from consideration. ****Only fully completed grant applications including original signatures and other attachments will be considered for funding. Applications must be postmarked by May 4th, 2009.**

****PLEASE NOTE: THERE IS A CHECKLIST ON THE FOLLOWING PAGE EXPLAINING WHAT NEEDS TO BE TURNED IN ALONG WITH THE ORIGINAL APPLICATION.**

- ✓ *The Indiana Criminal Justice Institute will be funding programs under two program areas: School Resource Officers and Evidence-Based programs. Applicants must select one program area per application. If you wish to apply for two program areas then two separate applications will need to be submitted. Please reference/cite The Safe Haven Grant Application Guidebook when completing the application. Priority consideration will be given to evidence-based SRO programs that follow the COPS in Schools model provided by the Department of Justice or OJJDP's model program.*
- ✓ *Please do not use forms or verbatim material from a previous year's grant application since the questions are new to the application. Please use additional pages if it is necessary to completely answer the questions.*
- ✓ *Specific instructions for completing the application and definitions for SRO and evidence-based programs are provided in the Safe Haven Grant Application Guidebook.*
- ✓ *There will be a mandatory training for all current and future grantees on April 8th, 2009. This is to ensure everyone understands new grant procedures being adopted across the agency.*
- ✓ *The electronic version of the application is in a Microsoft Word template format. Each time you open the form it will appear as a new document that allows you type directly into the form field (gray boxes) without changing the overall formatting of the document. Once you begin typing into the document you will need to use the "Save As" function in Microsoft Word to assign a filename to the document. It is recommended that you save the document in a way that designates both the year and the school corporation (e.g. 2009 Safe Haven Grant – School Corporation).*

SAFE HAVEN GRANT APPLICATION CHECKLIST
Governor Mitchell E. Daniels, Jr. Safe Haven Grant

The items listed below must be included in your application packet. Application packets should be mailed to:

Indiana Criminal Justice Institute, Youth Division
Attn: Safe Haven Coordinator
101 West Washington Street – Suite 1170 East Tower
Indianapolis, IN 46204
Phone : 317-232-2032

APPLICATIONS MUST BE SUBMITTED BY MAIL. Faxed or emailed copies will NOT be accepted.

- ✓ **Applications must be postmarked by May 4th, 2009** – Any application postmarked after this date will NOT be considered for grant funding. *Partial applications should not be submitted as they will NOT be considered for funding.*
- ✓ ***Please submit your application packet in the order listed below.***
 - ☐ Application Receipt Request (Optional) (Page 4)
 - ☐ Application Checklist (Page 3)
 - ☐ Grant Application with signature page (Page 18)
 - ☐ Budget Worksheet
 - ☐ Implementation Plan
 - ☐ Disclosure of Grants
 - ☐ Letters of support from school officials and law enforcement (**SRO applications ONLY**)

Please read and complete as per instructions in the Safe Haven Application Guidebook (located at www.in.gov/cji under Youth Services) to avoid delays in the process of this application. DO NOT recreate the application form or make any modifications to the questions. Applications that do not use the grant form provided will not be considered for funding. If additional space is needed to answer questions, please attach additional pages. Contact ICJI if you have any questions. **HANDWRITTEN APPLICATIONS WILL NOT BE ACCEPTED.**

I have reviewed this application packet for accuracy and content.

Signature of authorized legal applicant: _____

Date signed: _____

RETURN RECEIPT REQUEST

Complete and return with your application if you require confirmation of ICJI's receipt of your application. PLEASE **PRINT CLEARLY**.

Email Address: _____
(This is the preferred method; however, if no email is available please indicate a phone contact below)

Name: _____ **Phone** (____) _____ **ext** _____

**STATE OF INDIANA
Indiana Criminal Justice Institute
YOUTH DIVISION**



**SAFE HAVEN GRANT APPLICATION
Governor Mitchell E. Daniels, Jr. Safe Haven Grant**

ICJI Use Only ____ Approved ____ Denied
Date Received: _____
Tracking #9- _____
State Award \$ _____
Grant #: _____
Attended Training _____

TO BE COMPLETED BY PROJECT DIRECTOR – SEE GUIDEBOOK

Prior Grant Number(s):

Project Period: 09/01/2009 to 05/31/2010

Program Area: (please check only one program per application)

SRO Program

Evidence-Based Program

1. Project Title:

2. Type of Applicant:

New

Continuation

3. Year of Previous Funds:

☐ 0 ☐ 1 ☐ 2 ☐ 3 Other:

4. Type of School Corporation:

Public School Corporation

(Private and Charter Schools are ineligible for Safe Haven funds) (IC 20-18-2-16)

5. Legal Applicant:

School Corporation:

Superintendent:

Address:

City:

State/Zip:

County:

Phone:

Email:

6. Fiscal Officer for School Corporation:

Name and Title:

Fiscal Agency:

Address:

City:

State/Zip:

County:

Phone:

Email:

7. Project Director:

Name and Title:

Address:

City:

State/Zip:

County:

Phone:

Email:

8. Name of Alternate Point of Contact:

Email:

Phone:

9. State Funding Requested: \$

10. Executive Summary: The Executive Summary is to summarize the following: (Not to exceed 2 pages in length)

- ✓Needs Assessment
- ✓Problem Statement, Goals, and Objectives
- ✓Sustainability/Future Funding Plan
- ✓Implementation Plan
- ✓Evaluation and Internal Assessment
- ✓Budget Detail and Budget Narrative

11. Needs Assessment: Please clearly and concisely describe the problem your school wishes to address with an SRO program or evidence-based program, and how Safe Haven funds will alleviate the problem. Additionally, the Needs Assessment should explain how the problem was identified and what relevant local facts, statistics and/or other measures will be used. Data and information for juvenile justice needs and crime problems should be included as part of your statement. (Not to exceed 4 pages in length)

12. Project Description, Goals, and Objectives: Provide a concise description of the problem and how it will be addressed. Also discuss activities already underway that are working to help students in and out of schools. The goal(s) should provide a clear and concise statement of the project description that is realistic, understandable, measureable, and related to the Needs Assessment. (Not to exceed 4 pages in length)

13. Sustainability/Future Funding Plan: What will the future of this project be if state funding is not available for the project after this grant cycle? Provide an estimated funding plan for subsequent years and include an estimated total length of time that state funding will be required for this project. Provide a general description of funding for the projected final year of state funding. Include a description of match amount and source(s).

14. Implementation Plan: Every application MUST have an Implementation Plan. Attach additional pages if necessary. (The chart will expand when you type in the gray boxes)

Implementation Task	Person(s) Responsible	Timeline	Projected Resource Needed

15. Evaluation and Internal Assessment: Describe what outcome and output measures will be used to verify that the objectives have been met. Clearly state what data will be collected, how (what system will be used), by whom, and when. Describe how the project will be assessed internally. (Not to exceed 2 pages in length)

16. Match Description. In the space provided, please briefly describe the match that the School Corporation will be using. For the programmatic match, the description of the specific program should include how each of the aforementioned components is addressed. Also, using the following worksheet, provide a budget of your match that costs the equivalent of or more than the funding you are requesting from Safe Haven.

***The match requirement is statutorily mandated for all programs receiving Indiana Safe Haven funds and developed by the collaborative efforts of ICJI and DOE General Counsels.**

MATCH BUDGET

	Costs of Program used as Match
PERSONNEL	\$
CONTRACTUAL SERVICES	\$
TRAVEL EXPENSES	\$
EQUIPMENT	\$
OPERATING EXPENSES	\$
GRAND TOTAL	\$

SAFE HAVEN PROGRAM BUDGET WORKSHEET

A. PROJECT PERSONNEL – Use title of position(s), no names		
Position/Title	New Hire	Total Cost

B. CONTRACTUAL SERVICES				
Name of Contractor	Type of Contractor	Nature of Job or Service	Fee Basis	Total Cost

C. TRAVEL EXPENSES

Transportation & Subsistence of Project Personnel ONLY (Consultant travel to be included in Section B)

Destination	Purpose	Transportation	Per Deim	Lodging	Total Cost
			\$	\$	\$

D. EQUIPMENT

Item	Lease/Rent/Purchase	Quantity	Unit Price	Total Cost

E. OPERATING EXPENSES

Expense	Quantity	Unit Price	Total Cost

BUDGET SUMMARY	
	State Funding Requested
PERSONNEL	\$
CONTRACTUAL SERVICES	\$
TRAVEL EXPENSES	\$
EQUIPMENT	\$
OPERATING EXPENSES	\$
GRAND TOTAL	\$

Disclosure of Other Grants

In the space below, list ALL grants from government (i.e., U. S. Department of Education), public (i.e.,) or private (i.e., Community Foundations) sources that schools participating in this grant application have received since May 1, 2008, that are relevant to the proposed project.

Agency	Grant Name and Number	Start Date	Amount
Agency receiving award	Grant program name and grant number assigned	/ /	\$
		/ /	\$
		/ /	\$
		/ /	\$
		/ /	\$
		/ /	\$
		/ /	\$

***Indiana Criminal Justice Institute
Safe Haven
Safe Schools Grant Program
Certifications & Acceptance***
(All signatures must be original signatures and signed in Blue ink.)

The APPLICANT, through the following signatories, certifies that the statements in this grant are true and complete to the best of the APPLICANT’S knowledge and accepts, as to any grant award, the obligation to comply with any Indiana Criminal Justice Institute special conditions in the Grant Award. “The signatories certify that we have read the instructions for this application and are fully cognizant of our duties and responsibilities with regards to the implementation of the project proposed in the application.”

Superintendent of School Corporation

Date

Project Director

Date

Fiscal Officer for School Corporation